

This Process was delivered to you at:

3:34 o'clock 1 M.

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.  
Forms are free at [ilcourts.info/forms](http://ilcourts.info/forms).This is my day of delivery 2024  
MICHAEL 080700 CONSTABLE  
For Court Use Only  
Dallas County, Texas, Precinct 5  
By: J. G. V. Badge # 516

STATE OF ILLINOIS, CIRCUIT COURT		SUMMONS	
COUNTY			
<b>Instructions</b>			
Enter above the county name where the case was filed.	Plaintiff / Petitioner (First, middle, last name) Xavier Payne, Mary Payne v. Guardian		
Enter your name as Plaintiff/Petitioner.			
Below "Defendants/Respondents," enter the names of all people you are suing.	Defendants / Respondents (First, middle, last name) Southwest Reimbursement Keith Dunn 2702 Lovefield Dr Dallas TX. 75235		
Enter the Case Number given by the Circuit Clerk.	<input checked="" type="checkbox"/> <b>Alias Summons</b> (Check this box if this is not the 1 <sup>st</sup> Summons issued for this Defendant.)		
		Case Number 2024L010198	

SEP 16 2024  
IRIS Y MARTINEZ  
CLERK OF THE CIRCUIT COURT  
OF COOK COUNTY, IL**IMPORTANT: You have been sued.**

- Read all documents attached to this *Summons*.
- You **MUST** file an official document with the court within the time stated on this *Summons* called an *Appearance* and a document called an *Answer/Response*. If you do not file an *Appearance* and *Answer/Response* on time, the judge may decide the case without hearing from you. This is called "default." As a result, you could lose the case.
- All documents referred to in this *Summons* can be found at [ilcourts.info/forms](http://ilcourts.info/forms). Other documents may be available from your local Circuit Court Clerk's office or website.
- After you fill out the necessary documents, you need to electronically file (e-file) them with the court. To e-file, you must create an account with an e-filing service provider. For more information, go to [ilcourts.info/efiling](http://ilcourts.info/efiling). If you cannot e-file, you can get an exemption that allows you to file in-person or by mail.
- You may be charged filing fees, but if you cannot pay them, you can file an *Application for Waiver of Court Fees*.
- It is possible that the court will allow you to attend the first court date in this case in-person or remotely by video or phone. Contact the Circuit Court Clerk's office or visit the Court's website to find out whether this is possible and, if so, how to do this.
- Need help? Call or text Illinois Court Help at 833-411-1121 or go to [ilcourthelp.gov](http://ilcourthelp.gov) for information about going to court, including how to fill out and file documents. You can also get free legal information and legal referrals at [illinoislegalaid.org](http://illinoislegalaid.org). All documents referred to in this *Summons* can be found at [ilcourts.info/forms](http://ilcourts.info/forms). Other documents may be available from your local Circuit Court Clerk's office or website.
- ¿Necesita ayuda? Llame o envíe un mensaje de texto a Illinois Court Help al 833-411-1121, o visite [ilcourthelp.gov](http://ilcourthelp.gov) para obtener información sobre los casos de la corte y cómo completar y presentar formularios.

**Plaintiff/Petitioner:**

Do not use this form in these types of cases:

- |                       |                               |                           |
|-----------------------|-------------------------------|---------------------------|
| • All criminal cases  | • Administrative review cases | • Adult guardianship      |
| • Detinue             | • Eviction                    | • Foreclosure             |
| • Order of protection | • Stalking no contact orders  | • Civil no contact orders |
| • Divorce             | • Paternity                   | • Small Claims            |

For eviction, small claims, divorce, and orders of protection, use the forms available at [ilcourts.info/forms](http://ilcourts.info/forms). If your case is a detinue, visit [illinoislegalaid.org](http://illinoislegalaid.org) for help.If you are suing more than 1 Defendant/Respondent, attach an *Additional Defendant/Respondent Address and Service Information* form for each additional Defendant/Respondent.**EXHIBIT 1**

Enter the Case Number given by the Circuit Clerk

2024010198

In 1a, enter the name and address of the first Defendant/Respondent you are serving. If you are serving a Registered Agent, include the Registered Agent's name and address here.

In 1b, enter a second address for the first Defendant/Respondent, if you have one.

In 1c, check how you are sending your documents to this Defendant/Respondent.

## 1. Defendant/Respondent's address and service information:

## a. Defendant/Respondent's primary address information for service:

Name (First, Middle, Last):

Registered Agent's name, if any:

Street Address, Unit #:

City, State, ZIP:

Telephone:

Email:

## b. If you have more than one address where Defendant/Respondent might be found, list that here:

Name (First, Middle, Last):

Street Address, Unit #:

City, State, ZIP:

Telephone:

Email:

## c. Method of service on Defendant/Respondent:

☒ Sheriff☒ Sheriff outside Illinois:

County &amp; State

☐ Special process server☐ Licensed private detective☐ I am serving more than 1 Defendant/Respondent.

I have attached

2  
Number

Additional Defendant/Respondent Address

and Service Information forms.

## 2. Information about the lawsuit:

## a. Amount claimed:

\$ 200,000.00☐ b.

I am asking for the return of tangible personal property (items in the Defendant/Respondent's possession).

## 3. Contact information for the Plaintiff/Petitioner:

Name (First, Middle, Last):

Street Address, Unit #:

City, State, ZIP:

Telephone:

Email:

Check here if you are serving more than 1 Defendant/Respondent. Attach an Additional Defendant/Respondent Address and Service Information form for each additional Defendant/Respondent and write the number of forms you attached.

In 2a, enter the amount of money owed to you. Check 4b if you are asking for the return of tangible personal property.

In 3, enter your complete address, telephone number, and email address, if you have one.

**GETTING COURT DOCUMENTS BY EMAIL:** You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

**Important information for the person getting this form**

You have been sued. Read all of the documents attached to this Summons.

To participate in the case, you must follow the instructions listed below. If you do not, the court may decide the case without hearing from you and you could lose the case. Appearance and Answer/Response forms can be found at: [ilcourts.info/forms](http://ilcourts.info/forms).

Check 4a or 4b. If Defendant/Respondent only needs to file an Appearance and Answer/Response within 30 days, check box 4a. Otherwise, if the clerk gives you a court date, check box 4b.

## 4. Instructions for person receiving this Summons (Defendant):

☐ a.

To respond to this Summons, you must file Appearance and Answer/Response forms with the court within 30 days after you have been served (not counting the day of service) by e-filing or at:

Address:

City, State, ZIP:

Enter the Case Number given by the Circuit Clerk 2024L010198

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.  
Forms are free at [ilcourts.info/forms](http://ilcourts.info/forms).

STATE OF ILLINOIS, CIRCUIT COURT  COUNTY		PROOF OF SERVICE OF SUMMONS AND COMPLAINT/PETITION	For Court Use Only
Instructions	<u>Xavier Payne</u> <u>Mary Payne Guardian</u> Plaintiff / Petitioner (First, middle, last name)		
Enter above the county name where the case was filed.			
Enter your name as Plaintiff/Petitioner.			
Enter the names of all people you are suing as Defendants/Respondents.	<u>Sebastian Avelino</u> <u>Keith Dunn</u> Defendant / Respondent (First, middle, last name)		
Enter the Case Number given by the Circuit Clerk.	<input type="checkbox"/> Alias Summons (Check this box if this is not the 1 <sup>st</sup> Summons issued for this Defendant.)		Case Number

**\*\*Stop. Do not complete the form. The sheriff or special process server will fill in the form. Give them one copy of this blank Proof of Service form for each Defendant/Respondent.\*\***

My name is \_\_\_\_\_ and I state  
First, Middle, Last

☐ I served the Summons and Complaint/Petition on the Defendant/Respondent

\_\_\_\_\_ as follows:  
First, Middle, Last

☐ Personally on the Defendant/Respondent:

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_  
On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

☐ On someone else at the Defendant/Respondent's home who is at least 13 years old and is a family member or lives there:

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address, Unit#: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
And left it with: \_\_\_\_\_

First, Middle, Last  
☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_  
and by sending a copy to this defendant in a postage-paid, sealed envelope to the  
above address on this date: \_\_\_\_\_

☐ On the Corporation's agent, \_\_\_\_\_  
First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_  
On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS**  
**COUNTY DEPARTMENT, LAW DIVISION**

*Xavier L. Payne / Mary Payne*  
*Guardian*  
*Southeast Airlines / Keith Dunn*

2024L010198

Judge: Calendar, X

No.

**CIVIL ACTION COVER SHEET - CASE INITIATION**

A Civil Action Cover Sheet - Case Initiation shall be filed with the complaining in all civil actions. The information contained herein is for administrative purposes only and cannot be introduced into evidence. Please check the box in front of the appropriate case type which best characterizes your action. Only one (1) case type may be checked with this cover sheet.

Jury Demand ☐ Yes ☐ No**PERSONAL INJURY/WRONGFUL DEATH****CASE TYPES:**

- ☐ 027 Motor Vehicle  
☐ 040 Medical Malpractice  
☐ 047 Asbestos  
☐ 048 Drug Shop  
☐ 049 Product Liability  
☐ 051 Construction Injuries  
     (Including Structural Work Act, Road  
     Construction Injuries Act and negligence)  
☐ 052 Railroad/FELA  
☐ 053 Pediatric Lead Exposure  
☒ 061 Other Personal Injury/Wrongful Death  
☐ 063 Intentional Tort  
☐ 064 Miscellaneous Summary Action  
     (Please Specify Below\*\*)  
☐ 065 Premises Liability  
☐ 078 Pen-pen/Redux Litigation  
☐ 199 Silicone Implant

**TAX & MISCELLANEOUS REMEDIES****CASE TYPES:**

- ☐ 007 Confessions of Judgment  
☐ 008 Replevin  
☐ 009 Tax  
☐ 015 Condemnation  
☐ 017 Deceit  
☐ 029 Unemployment Compensation  
☐ 031 Foreign Transcript  
☐ 036 Administrative Review Action  
☐ 085 Petition to Register Foreign Judgment  
☐ 099 All Other Extraordinary Remedies

By:

(Attorney)

*Mary Payne*

(Pro Se)

*Xavier Payne*

Tertiary Email:

Primary Email:

Secondary Email:

**FILED**  
**SEP 16 2024**  
 IRIS Y. MARTINEZ  
 CLERK OF THE CIRCUIT COURT  
 OF COOK COUNTY, IL

(FILE STAMP)

**COMMERCIAL LITIGATION****CASE TYPES:**

- ☐ 002 Breach of Contract  
☐ 070 Professional Malpractice  
     (other than legal or medical)  
☐ 071 Fraud (other than legal or medical)  
☐ 072 Consumer Fraud  
☐ 073 Breach of Warranty  
☐ 074 Statutory Action  
     (Please specify below.\*\*)  
☐ 075 Other Commercial Litigation  
     (Please specify below.\*\*)  
☐ 076 Retaliatory Discharge

**OTHER ACTIONS****CASE TYPES:**

- ☐ 062 Property Damage  
☐ 066 Legal Malpractice  
☐ 077 Libel/Slander  
☐ 079 Petition for Qualified Orders  
☐ 084 Petition to Issue Subpoena  
☐ 100 Petition for Discovery

**Pro Se Only:** ☐ I have read and agree to the terms of the Clerk's Office Electronic Notice Policy and choose to opt in to electronic notice from the Clerk's Office for this case at this email address: \_\_\_\_\_

**IRIS Y. MARTINEZ, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS**



Complaint

(02/14/22) CCL 0063 A

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

COUNTY DEPARTMENT, LAW DIVISION

Xavier L. Payne / Mary Payne  
Plaintiff(s)

Case No. 2024L010198

Judge: Calendar, X

Southwest Airlines / Keith Dunn  
Defendant(s)

Contract: \_\_\_\_\_

Amount Claimed: ~~1000.00~~

2000,000.00

Return Date: \_\_\_\_\_

COMPLAINT

The Plaintiff(s) claim(s) as follows (use next page if more space is required.):

See attached complaint

FILED

SEP 16 2024

IRIS Y. MARTINEZ  
CLERK OF THE CIRCUIT COURT  
OF COOK COUNTY, IL

The allegations in this complaint are true.

Atty. No.: \_\_\_\_\_

Pro Se 99500

Atty Name: Mary A Payne

Dated: 9/16/24

Atty. for (if applicable): \_\_\_\_\_

Address: 3040 London Dr

City: Olympia Fields State: ILL

Zip: 60461

Telephone: 708-606-6067

Primary Email: Nache2020@icloud.com

Mary A Payne / Kevin L. Payne  
Signature

Iris Y. Martinez, Clerk of the Circuit Court of Cook County, Illinois

cookcountyclerkofcourt.org

Xavier L Payne

Mary A. Overton Payne Guardian

3040 Olympia Fields, IL 60461

708-261-6067

Case # 55214190

Southwest Airlines

[Kenith.dunn@wnco.com](mailto:Kenith.dunn@wnco.com)

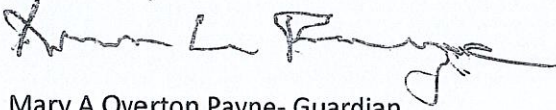
IFLYSWA

FILED  
SEP 16 2024  
IRIS Y. MARTINEZ  
CLERK OF THE CIRCUIT COURT  
OF COOK COUNTY, IL

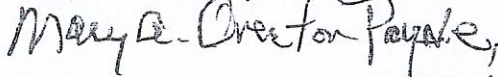
This is an official lawsuit for the negligence, damage, and a permanent injury to the head, ear, and shoulders of the right side of Xavier Payne's upper body that occurred on September 15, 2022. The injuries resulted because the stewardess rolled him to the first seat on second row next to aisle and asked him to seat in the first seat. The stewardess asked the passenger to place the luggage in the overhead compartment above Xavier's head. The luggage fell from the compartment and damaged the head, ear, and shoulder of Xavier. He has been in great pain and has been under medical treatment since September 15, 2022. He has required physical therapy, CAT SCAN, Head/Cervical/Spine x-rays. He has seen neurologists and ear specialist. He is undergoing pain management and is experiencing anxiety attacks and is experiencing a fear of flying as a result of the injury. Surgery has been recommended for Xavier for ear and shoulder pain. He also experiences extensive headaches. He is requiring the use of pain medications due to the negligence and damages of Southwest Airlines.

I am requesting \$2,000,000.00 settlement for pain and suffering and permanent damage, surgery, physical therapy, hospital bills, doctor bills, nursing care, and any future care regarding this injury for Xavier L Payne for this negligence and damages from Southwest Airlines.

Xavier L. Payne



Mary A Overton Payne- Guardian

  
*Mother & Guardian*

2024L01098

In 4a, fill out the address of the court building where the Defendant may file or e-file their Appearance and Answer/Response.

- The court date and time the clerk gave you.
- The courtroom and address of the court building.
- The call-in or video information for remote appearances (if applicable).
- The clerk's phone number and website.

All of this  
information is  
available from the  
Circuit Clerk

☐ b. Attend court:

On: \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. in \_\_\_\_\_  
Date Time Courtroom

**In-person at:**

Courthouse Address	City	State	ZIP
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OR

**Remotely** (You may be able to ~~attend~~ this court date by phone or video conference.

This is called a "Remote Appearance"):

By telephone: \_\_\_\_\_  
*Call-in number for telephone remote appearance*

By video conference: \_\_\_\_\_  
Video conference website

Video conference log-in information (meeting ID, password, etc.)

Call the Circuit Clerk \_\_\_\_\_ or visit their website  
Circuit Clerk's phone number

at \_\_\_\_\_ to find out more about how to do this.  
Website

**STOP!**

The Circuit Clerk will fill in this section.

Witness this Date: **IRIS Y. MARTINEZ SEP 16 2024**

**Clerk of the Court:** \_\_\_\_\_



**STOP! The officer or process server will fill in the Date of Service**

**Note to officer or process server:**

- If 4a is checked, this *Summons* must be served within 30 days of the witness date.
- If 4b is checked, this *Summons* must be served at least 40 days before the court date, unless 2b is also checked.
  - If 4b and 2b are checked, the *Summons* must be served at least 3 days before the court date.

Date of Service: \_\_\_\_\_  
(Date to be entered by an officer or process server on the copy of this Summons left with the Defendant or other person.)



# ORDER ON APPLICATION FOR WAIVER OF COURT FEES (CIVIL)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY Cook

County Where You Are Filing the Case

Enter the case information as it appears on your other court documents.

PLAINTIFF/PETITIONER OR IN RE Xavier Payne, Mary A Overto Payne

Who Started the Case

First, Middle, and Last Name or Business Name

DEFENDANT/RESPONDENT Southwest Airlines, Keith Dunn

Who the Case Was Filed Against

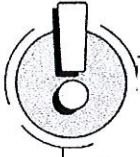
First, Middle, and Last Name or Business Name

2024L010198

Case Number

(Clerk fills in)

Your Name (applicant): Xavier L. Payne  
First Middle Last Name



**STOP. DO NOT check any boxes or fill in any more blanks on this form.** The judge will complete the rest of the form.

The Court has reviewed the Application for Waiver of Court Fees and orders (check 1, 2, 3, or 4):

☒ **1. GRANTED - FULL WAIVER**

The Application for Waiver of Court Fees is **granted**, effective on the date the Application was first filed. The applicant qualifies for a **full (100%) waiver** and may participate in this case without payment of fees, costs, or charges, because (check A, B, or C):

☒ **A. The applicant receives means-based public benefits under one or more of the following programs:**

- SSI (Supplemental Security Income, not Social Security)
- AABD (Aid to the Aged, Blind and Disabled)
- TANF (Temporary Assistance to Needy Families)
- SNAP (Food Stamps)
- General Assistance (GA), Transitional Assistance, or State Children and Family Assistance

- OR -

- ☐ **B. The applicant's personal income is 125% or less of the current poverty level as established by the U.S. Dept. of Health & Human Services and the applicant's non-exempt assets under 735 ILCS 5/12-901 and 735 ILCS 5/12-1001 are such that the applicant is unable to pay the fees, costs, or charges.**

- OR -

- ☐ **C. Payments of fees, costs, and charges would cause substantial hardship for the applicant or their family.**

☐ **2. GRANTED - PARTIAL WAIVER**

The *Application for Waiver of Court Fees* is granted, effective on the date the *Application* was first filed. The court finds (check one):

- ☐ **75%** of all fees, costs, and charges are waived. The applicant **must pay 25%** of all fees, costs, and charges because the applicant's available income is more than 125% but not greater than 150% of the current poverty level.
- ☐ **50%** of all fees, costs, and charges are waived. The applicant **must pay 50%** of all fees, costs, and charges because the applicant's available income is more than 150% but not greater than 175% (50% waiver);
- ☐ **25%** of all fees, costs, and charges are waived. The applicant **must pay 75%** of all fees, costs, and charges because the applicant's available income is more than 175% but not greater than 200% (25% waiver);

**Income findings are based on the current poverty level** as established by the U.S. Dept. of Health & Human Services, and the applicant's non-exempt assets under 735 ILCS 5/12-901 and 735 ILCS 5/12-1001 are such that the applicant is unable to pay the fees, costs, or charges.

**Payment (check one):**

- ☐ The applicant must pay the fees, costs, and charges currently due by: \_\_\_\_\_  
Month, Day, Year
- ☐ Upon good cause shown, the applicant may make payments as follows (describe deferral, installment plan, or other reasonable terms):  
\_\_\_\_\_  
\_\_\_\_\_

☐ **3. CONTINUED - APPLICATION IS INCOMPLETE OR FACTUAL ISSUE**

*If the court determines that relevant sections of the Application are incomplete or there is a factual issue regarding the applicant's entitlement to a waiver, the applicant must be notified of the deficiencies and given the opportunity to amend the Application and/or be given a remote hearing in accordance with Supreme Court Rule 45, unless the applicant requests an in-person hearing or will already be present in the courthouse on the date of the hearing.*

Relevant sections of the *Application* are incomplete or there is a factual issue about the applicant's eligibility for a fee waiver on the face of the *Application*.

The specific eligibility questions are:

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The applicant must (check all that apply):

- ☐ **A. File an updated (amended) Application** that includes the missing information listed above.

Case Number 2024L010198☐ **B. Attend a court date.**

If a hearing is set, it must be set within **30 days** of the date the Application was filed (735ILCS 5/5-105; Illinois Supreme Court Rule 298).

The Application for Waiver of Court Fees is **scheduled for court** on (check all that apply):

Date: \_\_\_\_\_  
Month, Day, Year

Time: \_\_\_\_\_  
Include AM or PM

☐ **Remotely** (video or telephone option)

By video conference at: \_\_\_\_\_  
Video conference website

\_\_\_\_\_ Video conference log-in information, meeting ID, password, etc.

By telephone at: \_\_\_\_\_  
Call-in number for telephone remote appearance

☐ **In person** at: \_\_\_\_\_  
Courtroom Address Courtroom Number

If remote and in-person options are both checked, you may choose either option.

☐ **C. Provide documents.** These documents will **not** be included in the public court file.

☐ Provide documents at the hearing.

☐ Submit documents before the hearing. Instructions about when and how to submit:

Required documents are:

S \_\_\_\_\_

S \_\_\_\_\_

☐ **4. DENIED - DOES NOT QUALIFY**

The Application for Waiver of Court Fees is **denied**. The applicant does not qualify for a fee waiver because (must state specific reason):

\_\_\_\_\_  
\_\_\_\_\_

The applicant must pay all the fees, costs, and charges currently due by:

\_\_\_\_\_  
Month Day, Year



**If Application was granted, this order expires one year from the date of this order.** The applicant may reapply before or after the expiration date. Fees, costs, and charges included in this waiver are: filing, service of process, publication, mediation, guardian ad litem, and all other fees listed in 735 ILCS 5/5-105(a)(2)(1).

**ENTERED:**

Judge: \_\_\_\_\_

Date: SEP 16 2024

Month, Day, Year  
**KATHY M. FLANAGAN #267**

Enter the Case Number given by the Circuit Clerk: \_\_\_\_\_

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.

Forms are free at [ilcourts.info/forms](http://ilcourts.info/forms).

STATE OF ILLINOIS, CIRCUIT COURT  COUNTY		PROOF OF SERVICE OF SUMMONS AND COMPLAINT/PETITION	For Court Use Only
Instructions	<i>James L. Payne</i> <i>Mary Payne Guardian</i> Plaintiff / Petitioner (First, middle, last name)		
Enter above the county name where the case was filed.			
Enter your name as Plaintiff/Petitioner.			
Enter the names of all people you are suing as Defendants/Respondents.			
Enter the Case Number given by the Circuit Clerk.	<i>Southwest Airlines</i> <i>Keith DUNN</i> Defendant / Respondent (First, middle, last name)	<i>2024101098</i> Case Number	
		<input checked="" type="checkbox"/> Alias Summons (Check this box if this is not the 1 <sup>st</sup> Summons issued for this Defendant.)	

**\*\*Stop. Do not complete the form. The sheriff or special process server will fill in the form. Give them one copy of this blank Proof of Service form for each Defendant/Respondent.\*\***

My name is \_\_\_\_\_ and I state  
First, Middle, Last

☐ I served the Summons and Complaint/Petition on the Defendant/Respondent

as follows:  
First, Middle, Last

☐ Personally on the Defendant/Respondent:

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_  
On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address, Unit#: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

☐ On someone else at the Defendant/Respondent's home who is at least 13 years old and is a family member or lives there:

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address, Unit#: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
And left it with: \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_  
and by sending a copy to this defendant in a postage-paid, sealed envelope to the above address on this date: \_\_\_\_\_

☐ On the Corporation's agent, \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_  
On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

Enter the Case Number given by the Circuit Clerk

2024201098

In 1a, enter the name and address of the first Defendant/Respondent you are serving. If you are serving a Registered Agent, include the Registered Agent's name and address here.

In 1b, enter a second address for the first Defendant/Respondent, if you have one.

In 1c, check how you are sending your documents to this Defendant/Respondent.

Check here if you are serving more than 1 Defendant/Respondent. Attach an Additional Defendant/Respondent Address and Service Information form for each additional Defendant/Respondent and write the number of forms you attached.

In 2a, enter the amount of money owed to you. Check ☐ if you are asking for the return of tangible personal property.

In 3, enter your complete address, telephone number, and email address, if you have one.

Important information for the person getting this form

Check 4a or 4b. If Defendant/Respondent only needs to file an Appearance and Answer/Response within 30 days, check box 4a. Otherwise, if the clerk gives you a court date, check box 4b.

### 1. Defendant/Respondent's address and service information:

#### a. Defendant/Respondent's primary address/information for service:

Name (First, Middle, Last): South West AirlinesRegistered Agent's name, if any: Keith DunnStreet Address, Unit #: 2202 Lovefield DrCity, State, ZIP: Dallas TX 75225Telephone: 800-435-9792 Email: Keith.Dunn@WNCO.COM

#### b. If you have more than one address where Defendant/Respondent might be found, list that here:

Name (First, Middle, Last): \_\_\_\_\_

Street Address, Unit #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

#### c. Method of service on Defendant/Respondent:

☐ Sheriff☒ Sheriff outside Illinois: Dallas Texas

County &amp; State

☐ Special process server☐ Licensed private detective

#### ☐ I am serving more than 1 Defendant/Respondent.

I have attached 2 Additional Defendant/Respondent Address and Service Information forms.

### 2. Information about the lawsuit:

a. Amount claimed: \$ 200,000.00

☐ b. I am asking for the return of tangible personal property (items in the Defendant/Respondent's possession).

### 3. Contact information for the Plaintiff/Petitioner:

Name (First, Middle, Last): Xavier L. Payne / Mary A. Dunbar PayneStreet Address, Unit #: 3040 London DrCity, State, ZIP: Olympia Fields ILTelephone: 708-261-6567 Email: nache2020@icloud.com

**GETTING COURT DOCUMENTS BY EMAIL:** You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

You have been sued. Read all of the documents attached to this *Summons*. To participate in the case, you must follow the instructions listed below. If you do not, the court may decide the case without hearing from you and you could lose the case. *Appearance* and *Answer/Response* forms can be found at: [ilcourts.info/forms](http://ilcourts.info/forms).

### 4. Instructions for person receiving this *Summons* (Defendant):

☐ a. To respond to this *Summons*, you must file *Appearance* and *Answer/Response* forms with the court within 30 days after you have been served (not counting the day of service) by e-filing or at:

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

2024 Ld0198

☐ I was not able to serve the *Summons* and Complaint/Petition on Defendant/Respondent:

\_\_\_\_\_  
First, Middle, Last

I made the following attempts to serve the *Summons* and Complaint/Petition on the Defendant/Respondent:

1. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Other information about service attempt: \_\_\_\_\_

2. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Other information about service attempt: \_\_\_\_\_

3. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Other information about service attempt: \_\_\_\_\_

**DO NOT** complete this section. The sheriff or private process server will complete it.

**If you are a special process server, sheriff outside Illinois, or licensed private detective, your signature certifies that everything on the *Proof of Service of Summons* is true and correct to the best of your knowledge. You understand that making a false statement on this form could be perjury.**

By: \_\_\_\_\_

#### FEES

Service and Return: \$ \_\_\_\_\_  
Miles: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

Signature by: ☐ Sheriff  
☐ Sheriff outside Illinois:

\_\_\_\_\_  
County and State

☐ Special process server  
☐ Licensed private detective

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

\_\_\_\_\_  
Print Name

If *Summons* is served by licensed private detective or private detective agency:

License Number: \_\_\_\_\_

Enter the Case Number given by the Circuit Clerk

20241010198

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.  
Forms are free at [ilcourts.info/forms](http://ilcourts.info/forms).

STATE OF ILLINOIS, CIRCUIT COURT  COUNTY		PROOF OF SERVICE OF SUMMONS AND COMPLAINT/PETITION	For Court Use Only
<b>Instructions</b> Enter above the county name where the case was filed. Enter your name as Plaintiff/Petitioner. Enter the names of all people you are suing as Defendants/Respondents. Enter the Case Number given by the Circuit Clerk.	<i>Marion Payne</i> <i>Mary Payne Guardian</i> Plaintiff/Petitioner (First, middle, last name)  <i>Southwest Airlines</i> <i>Keith Dunn</i> Defendant / Respondent (First, middle, last name)  <input type="checkbox"/> <b>Alias Summons</b> (Check this box if this is not the 1 <sup>st</sup> Summons issued for this Defendant.)		      Case Number

**\*\*Stop. Do not complete the form. The sheriff or special process server will fill in the form. Give them one copy of this blank Proof of Service form for each Defendant/Respondent.\*\***

My name is \_\_\_\_\_ and I state \_\_\_\_\_  
First, Middle, Last

☐ I served the Summons and Complaint/Petition on the Defendant/Respondent

as follows:  
First, Middle, Last

☐ Personally on the Defendant/Respondent:

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

☐ On someone else at the Defendant/Respondent's home who is at least 13 years old and is a family member or lives there:

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

And left it with: \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

and by sending a copy to this defendant in a postage-paid, sealed envelope to the above address on this date: \_\_\_\_\_

☐ On the Corporation's agent, \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

2024 L010198

☐ I was not able to serve the *Summons* and Complaint/Petition on Defendant/Respondent:

\_\_\_\_\_  
First, Middle, Last

I made the following attempts to serve the *Summons* and Complaint/Petition on the Defendant/Respondent:

1. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT** complete this section. The sheriff or private process server will complete it.

If you are a special process server, sheriff outside Illinois, or licensed private detective, your signature certifies that everything on the *Proof of Service of Summons* is true and correct to the best of your knowledge. You understand that making a false statement on this form could be perjury.

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

By:

Signature by: ☐ Sheriff  
☐ Sheriff outside Illinois:

\_\_\_\_\_  
County and State

☐ Special process server  
☐ Licensed private detective

#### FEES

Service and Return:	\$
Miles	\$
Total	\$

\_\_\_\_\_  
Print Name

If *Summons* is served by licensed private detective or private detective agency:

License Number: \_\_\_\_\_

Enter the Case Number given by the Circuit Clerk: \_\_\_\_\_

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.  
Forms are free at [ilcourts.info/forms](http://ilcourts.info/forms).

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY		PROOF OF SERVICE OF SUMMONS AND COMPLAINT/PETITION	For Court Use Only
<b>Instructions</b>	<i>Mary L. Payne</i> <i>Mary Payne Chaudron</i> Plaintiff / Petitioner (First, middle, last name)		2024101098  Case Number
Enter above the county name where the case was filed.			
Enter your name as Plaintiff/Petitioner.			
Enter the names of all people you are suing as Defendants/Respondents.	<i>Southwest Airlines</i> <i>Keith DUNN</i> Defendant / Respondent (First, middle, last name)		
Enter the Case Number given by the Circuit Clerk.	<input checked="" type="checkbox"/> <b>Alias Summons</b> (Check this box if this is not the 1 <sup>st</sup> Summons issued for this Defendant.)		

**\*\*Stop. Do not complete the form. The sheriff or special process server will fill in the form. Give them one copy of this blank Proof of Service form for each Defendant/Respondent.\*\***

My name is \_\_\_\_\_ and I state  
First, Middle, Last

☐ I served the Summons and Complaint/Petition on the Defendant/Respondent

as follows:

First, Middle, Last

☐ Personally on the Defendant/Respondent:

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

☐ On someone else at the Defendant/Respondent's home who is at least 13 years old and is a family member or lives there:

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

And left it with: \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

and by sending a copy to this defendant in a postage-paid, sealed envelope to the above address on this date: \_\_\_\_\_

☐ On the Corporation's agent, \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

☐ I was not able to serve the **Summons and Complaint/Petition on Defendant/Respondent:**

\_\_\_\_\_  
First, Middle, Last

I made the following attempts to serve the **Summons and Complaint/Petition on the Defendant/Respondent:**

1. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT** complete this section. The sheriff or private process server will complete it.

If you are a special process server, sheriff outside Illinois, or licensed private detective, your signature certifies that everything on the **Proof of Service of Summons** is true and correct to the best of your knowledge. You understand that making a false statement on this form could be perjury.

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

By: \_\_\_\_\_

Signature by: ☐ Sheriff  
☐ Sheriff outside Illinois: \_\_\_\_\_  
\_\_\_\_\_  
County and State  
☐ Special process server  
☐ Licensed private detective

**FEES**

Service and Return: \$ \_\_\_\_\_  
Miles \_\_\_\_\_ \$ \_\_\_\_\_  
Total \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Print Name

If **Summons** is served by licensed private detective or private detective agency:  
License Number: \_\_\_\_\_

Xavier L Payne

Mary A. Overton Payne Guardian

3040 Olympia Fields, IL 60461

708-261-6067

Case # 55214190

Southwest Airlines

Kenith.dunn@wnco.com

IFLYSWA

FILED

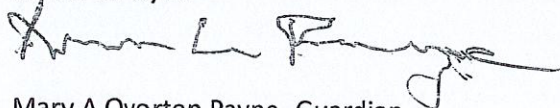
SEP 16 2024

IRIS Y. MARTINEZ  
CLERK OF THE CIRCUIT COURT  
OF COOK COUNTY, IL

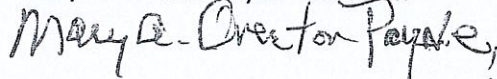
This is an official lawsuit for the negligence, damage, and a permanent injury to the head, ear, and shoulders of the right side of Xavier Payne's upper body that occurred on September 15, 2022. The injuries resulted because the stewardess rolled him to the first seat on second row next to aisle and asked him to seat in the first seat. The stewardess asked the passenger to place the luggage in the overhead compartment above Xavier's head. The luggage fell from the compartment and damaged the head, ear, and shoulder of Xavier. He has been in great pain and has been under medical treatment since September 15, 2022. He has required physical therapy, CAT SCAN, Head/Cervical/Spine x-rays. He has seen neurologists and ear specialist. He is undergoing pain management and is experiencing anxiety attacks and is experiencing a fear of flying as a result of the injury. Surgery has been recommended for Xavier for ear and shoulder pain. He also experiences extensive headaches. He is requiring the use of pain medications due to the negligence and damages of Southwest Airlines.

I am requesting \$2,000,000.00 settlement for pain and suffering and permanent damage, surgery, physical therapy, hospital bills, doctor bills, nursing care, and any future care regarding this injury for Xavier L Payne for this negligence and damages from Southwest Airlines.

Xavier L. Payne



Mary A Overton Payne- Guardian

  
*Mother & Guardian*

Enter the Case Number given by the Circuit Clerk

20241010198

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.  
Forms are free at [ilcourts.info/forms](http://ilcourts.info/forms).

STATE OF ILLINOIS, CIRCUIT COURT  COUNTY		PROOF OF SERVICE OF SUMMONS AND COMPLAINT/PETITION	For Court Use Only
Instructions	<i>Xavier Payne</i> <i>Mary Payne Guardian</i> Plaintiff / Petitioner (First, middle, last name)		Case Number
Enter above the county name where the case was filed.			
Enter your name as Plaintiff/Petitioner.			
Enter the names of all people you are suing as Defendants/Respondents.	v. <i>Southern Airlines</i> <i>Keith Dunn</i> Defendant / Respondent (First, middle, last name)		
Enter the Case Number given by the Circuit Clerk.	<input type="checkbox"/> Alias Summons (Check this box if this is not the 1 <sup>st</sup> Summons issued for this Defendant.)		

**\*\*Stop. Do not complete the form. The sheriff or special process server will fill in the form. Give them one copy of this blank Proof of Service form for each Defendant/Respondent.\*\***

My name is \_\_\_\_\_ and I state  
First, Middle, Last

☐ I served the Summons and Complaint/Petition on the Defendant/Respondent

as follows:  
First, Middle, Last

☐ Personally on the Defendant/Respondent:

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

☐ On someone else at the Defendant/Respondent's home who is at least 13 years old and is a family member or lives there:

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

And left it with: \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

and by sending a copy to this defendant in a postage-paid, sealed envelope to the above address on this date: \_\_\_\_\_

☐ On the Corporation's agent, \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

2024L010198

☐ I was not able to serve the *Summons* and Complaint/Petition on Defendant/Respondent:

\_\_\_\_\_  
First, Middle, Last

I made the following attempts to serve the *Summons* and Complaint/Petition on the Defendant/Respondent:

1. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT** complete this section. The sheriff or private process server will complete it.

If you are a special process server, sheriff outside Illinois, or licensed private detective, your signature certifies that everything on the *Proof of Service of Summons* is true and correct to the best of your knowledge. You understand that making a false statement on this form could be perjury.

By:

#### FEES

Service and Return:	\$
Miles	\$
Total	\$

Signature by: ☐ Sheriff  
☐ Sheriff outside Illinois:

\_\_\_\_\_  
County and State

☐ Special process server  
☐ Licensed private detective

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

\_\_\_\_\_  
Print Name

If *Summons* is served by licensed private detective or private detective agency:

License Number: \_\_\_\_\_